

**SAVE****PRINT****RESET**

# Selma City Schools

## Disposition Appeal Form

*Formal Notice*

School Name \_\_\_\_\_

Student Name \_\_\_\_\_ Grade Level \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Date of Appeal \_\_\_\_\_

Reason for Disposition \_\_\_\_\_

**Statement of Appeal (Reason for Appeal)****Explain the Policy/Procedure Violated by School Officials****Rationale Provide by Scholar for Disposition****Rationale Provided by School Officials for Disposition**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*It is every intent of the Selma City School district to resolve every disposition appeal in a fair and equitable manner in alignment with the Student-Parent Resource Handbook. A central office administrator will conduct a thorough investigation including the collection of evidence. The school district has 24 to 48 hours, after receiving an appeal notice to confer with the parent and school officials about his/her findings.*

\_\_\_\_\_  
Signature of Central Office Administrator\_\_\_\_\_  
Appeal Received Date

*Dr. David Scott, Superintendent*